



**DEPARTMENT OF PHYSICAL EDUCATION**  
**MEMBERSHIP FORM FOR SPORTS ACTIVITIES**

1. Name \_\_\_\_\_

2. Department \_\_\_\_\_ Class \_\_\_\_\_ Year \_\_\_\_\_

3. Name of the College \_\_\_\_\_

4. Father / Guardian's Name \_\_\_\_\_

5. Name of the Sport \_\_\_\_\_

6. Date of Birth \_\_\_\_\_

7. Age \_\_\_\_\_

8. Occupation of Parent \_\_\_\_\_

9. Residential Address \_\_\_\_\_  
\_\_\_\_\_

10. Contact

1. Phone :

2. Email :

Paste your recent  
Passport size Photo  
here

**I Certify that :**

- A. I have gone through the rules & regulations of the Sri Krishna fitness center / multipurpose indoor /outdoor sports activity's given overleaf and agree to abide by those rules
- B. The information given above is correct to the best of our knowledge and if found wrong my membership may be cancelled
- C. My ward will be participating in sports practice and competition at his /her own risk. I will not claim any compensation for his/her injury during practices or Match. Management will not be responsible for any injury or any serious consequences.
- D. He/She will use proper sports uniform and accessories as per the rules and advice of the physical director.

**Signature of the Parent**

**Signature of the Student**

**Tutor**

**HOD**

**Director of Physical Education  
( Mr. C. Mariselvam )**

**Principal**